

PERSONAL PROPERTY LOAN RECORD					NIH LOAN NO.	
CUSTODIAL AREA CODE NO.	RESEARCH GRANT NO. <i>(If applicable)</i>	LOAN PERIOD <input type="checkbox"/> One month <input type="checkbox"/> One year <input type="checkbox"/> Six months			DATE	
LENDER <i>(Fill in organization)</i> National Institutes of Health 9000 Rockville Pike Bethesda, Maryland 20892		BORROWING INSTITUTION OR ORGANIZATION <i>(name and address)</i>				
Decal No.	DESCRIPTION <i>(property no., mfg. serial no., model no.)</i>	UNIT	QUANTITY	ACQ. VALUE	COND.	
NIH SIGNATURES	ICD PROPERTY REPRESENTATIVE			DATE		
	APPROVING PROGRAM OFFICIAL-LAB OR BRANCH CHIEF <i>(signature and title)</i>			DATE		
	EXECUTIVE OFFICER			DATE		
	NIH PROPERTY ACCOUNTABLE OFFICER			DATE		

The property is hereby loaned for official use for the period commencing _____ and ending _____, unless terminated at an earlier date. The borrower agrees to be responsible for any damage and/or repairs necessary as a result of usage, prior to return of property. All transportation costs incident to delivery or return of property will be the borrower's expense. Justification for loan must be attached to this record. The signature of the borrower must be that of a responsible official of the borrowing institution (e.g. Comptroller, Property Officer).

SIGNATURE OF BORROWER <i>(as explained above)</i>	TITLE	DATE
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